

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
03-07

2. STATE:  
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION  
42 CFR §483.40(b)(3)

7. FEDERAL BUDGET IMPACT:  
a. FFY '03 \$0  
b. FFY '04 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, p. 16  
Att. 3.1-B, p. 15

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

same

*Minnesota 103-07*  
*approved: 04/11/03*  
*effective: 01/01/03*

10. SUBJECT OF AMENDMENT:  
Nursing Facility Services

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Stephanie Schwartz  
Federal Relations Unit  
Minnesota Department of Human Services  
444 Lafayette Road No.  
St. Paul, MN 55155-3852

13. TYPED NAME:  
// Mary B. Kennedy - signature //

14. TITLE:  
Medicaid Director

15. DATE SUBMITTED: March 24, 2003

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
March 24, 2003

18. DATE APPROVED:  
*4/11/03*

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*January 1, 2003*  
Cheryl A. Harris

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl A. Harris*

21. TYPED NAME:  
Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

MAR 24 2003

DMCH - MI/MN/WI

STATE: MINNESOTA  
Effective: January 1, 2003  
TN: 03-07  
Approved: APR 11 2003  
Supersedes: 01-14

ATTACHMENT 3.1-A  
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4.a. Nursing facility services for individuals age 21 or older (other than services in an institution for mental diseases):

- Residents must have their level of care certified by a physician, and must be determined by a long-term care consultation team to require the level of care provided in a nursing facility, prior to admission.
- Reserved-bed services are provided as indicated in Attachment 4.19-C.
- All medical equipment needed to provide routine services to residents must be supplied. Medical equipment that is not covered in the per diem rate, for which the need is identified and documented in the recipient's plan of care, and that is necessary for the continuous care and exclusive use of the recipient to meet an unusual medical need, can be separately reimbursed.
- Prior to admission to a nursing facility, all applicants must be screened and have a Level I identification screen to determine possible mental illness or mental retardation.
- If an individual with mental illness or mental retardation is admitted to a nursing facility without being screened and having a Level II evaluation and does not meet the exemptions for certain hospital discharges, the person must be screened before Medical Assistance will reimburse the facility.
- Influenza and pneumococcal immunizations for adults are an exception to the requirement that physicians must sign and date all orders. If there is a standing order for these immunizations, they may be administered by licensed health care professionals trained to: 1) screen residents for contraindications

to vaccination; 2) administer vaccines; and 3) monitor residents for adverse events, in accordance with state and local regulations. Administration of immunizations pursuant to a standing order must be according to facility policy developed in consultation with a physician.

STATE: MINNESOTA

Effective: January 1, 2003

TN: 03-07

Approved: APR 11 2003

Supersedes: 01-14

ATTACHMENT 3.1-B

Page 15

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